

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573353

FILING DATE

APPLICANT(S)

10/2/07 CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
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8						
9						
10						
11						
12			1			
13				1		
14			1			
15				1		
16				2		
17			1			
18			1			
19			1			
20			1			
21			1			
22				1		
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TOTAL IND.	1	↓	11	↓		↓
TOTAL DEP.	10	←	5	←		←
TOTAL CLAIMS	11		16			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						